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ABSTRACT

In spite of the growing volume of research on Asian Americans since the late 1960's, very little examination in the mental health field has been done of specific groups of Asian Americans. To compare the mental health treatment characteristics of Japanese in Japan and Japanese Americans in the United States, 27 Tokyo therapists and their 120 clients, and 42 American (West Coast) therapists and their 128 clients were studied. Chi-square and t-test analyses of the demographic data and treatment characteristics showed that contrary to previous findings, there was not a high premature drop-out rate by Japanese American clients when treatment was conducted at Asian American community mental health centers and in private practice. Japanese clients in Japan had more treatment sessions than Japanese American clients. Japanese Americans had more practical problems, e.g., transportation and language, and presented special problems related to environment, cultural conflicts and racism. American therapists used more non-traditional techniques than Japanese therapists. The results confirm that Japanese American clients have problems and needs different from clients in Japan, requiring different treatment approaches. (JAC)

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Characteristics of Japanese and Japanese Americans
in Psychotherapy in Japan and the U.S.

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(Presented at APA 90th Annual Convention, Aug., 1982)

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ABSTRACT

This study compares the mental health treatment characteristics of Japanese in Japan and Japanese Americans in the U.S. A total of 27 therapists in the Tokyo area and their 120 adult clients made up the Japanese sample, and 42 therapists on the West Coast and their 128 adult clients made up the American sample. The results revealed that there is not a high premature drop-out rate by Japanese American clients when treatment is conducted at Asian American community mental health facilities and in private practices, contrary to previous findings. Japanese clients in Japan had even more treatment sessions than Japanese American clients. While seeking mental health help, Japanese Americans had more practical problems to overcome, such as transportation and language than Japanese, and felt the name "mental health agency" was a hindrance to obtaining therapy. More Japanese Americans than Japanese presented special problems related to environment, cultural conflicts, racism. U.S. therapists used more non-traditional methods such as home visitations, participation in social dialogue before working on problems. Japanese therapists mainly used traditional Western modes of psychotherapy and medication. Japanese American clients have special problems and needs different from clients in Japan, requiring different treatment approaches.

Characteristics of Japanese and Japanese Americans
in Psychotherapy in Japan and the U.S.

In spite of the growing volume of research on Asian Americans since the late 1960's, very little examination has been done of specific groups of Asian Americans in the mental health field. The present study takes a look at one Asian ethnic group with two cultural histories, focusing on Japanese Americans in the U.S. and Japanese in Japan as they supply and receive psychotherapy. In the minds of non-Japanese, Japanese Americans are sometimes confused with Japanese in Japan, that is, little or no distinction is made between the two groups. The most notable instance of a failure to make this distinction was by the U.S. government during World War II when it ordered all Japanese Americans interred as if they, by race, were automatically loyal to Japan.

The psychological makeup of people of Japanese ancestry born in the United States and those who have immigrated from Japan is distinctly different from that of those born, raised and living in Japan, the former having their life experiences as an ethnic minority, the latter as the majority.

Most early research indicates that Asian Americans do not utilize traditional mental health agencies in a ratio proportionate to their population, but when they do, they either show very severe symptoms or they quickly drop out of treatment (Kitano, 1970; Sue & McKinney, 1975).

Contrary to the prevailing myth that Asian Americans do not have mental health problems, many researchers are now finding that mental illness is a major problem for the population. Underutilization of mental health services by Japanese, some researchers have concluded, has not been due to lack of need but because of the Asian American cultural value of shame associated with seeking mental health help (Sue & Frank, 1973). Others suggest that traditional mental health facilities have failed to meet the special needs of Asian Americans. When mental health facilities have been created in the Asian American communities and tailored to meet the needs of Asian Americans, the utilization rate has dramatically increased (True, 1975). As a large number of Asian American clients who are referred to mental health facilities are foreign born, several investigators have suggested that mental health agencies should provide bilingual, bicultural and practical help in survival skills to alleviate this population's immediate problems.

Do these general pictures of Asian Americans and mental health specifically apply to Japanese Americans? The present study is part of a larger on-going cross-cultural research of the mental health of Japanese in Japan and of Japanese Americans seeking culturally relevant psychotherapy. This paper reports some of the cultural characteristics and special needs which mental health workers perceive among their Japanese and Japanese American clients.

As there is little basic data on mental health workers who provide services to Japanese or Japanese American clients nor of the clients themselves, the study attempts to identify and provide a brief demographic picture of both clinician and client populations. In addition, a comparison is made of client treatment characteristics between Japan and the United States, such as problems encountered while seeking help, presenting problems, and the therapeutic approaches used with these clients.

Subjects and Methods

In Japan, mainly through Keio University and the Tokyo Metropolitan Guidance Center, questionnaires were distributed to mental health workers providing psychotherapy or counseling in the Tokyo area. Twenty-seven of them were valid responses. Most of the respondents came from hospital settings and university or other educational counseling centers, as psychotherapy in Japan is not yet widely practiced outside these settings. They provided demographic data on themselves. They also completed a client's profile which provided demographic and treatment information. A total of 120 profiles of Japanese clients were obtained.

In the United States, subjects were drawn mainly from Asian American community mental health agencies on the West Coast such as in the San Francisco Bay area, San Diego, Los Angeles and Seattle, and from therapists working in hospitals and in their private practices with Japanese American clients.

Forty-two mental health workers filled out both valid clinician and client profile questionnaires on 128 clients. The return rate of questionnaires was 70% in Japan, 58% in the United States. Clients were 18 years old or older.

For the demographic data on mental health workers and clients and for treatment characteristics of clients, chi-square and t-test measures were used.

Results and Discussion

Demographic Characteristics of Therapists

In both countries, Japan and the U.S., the majority of therapists were female. The mean age was 40 years for U.S. therapists and 38 years for Japanese therapists. A majority of the therapists in the U.S. (52.4%) had an M.A. degree, while the most common degree in Japan (40.7%) was a B.A. The lower percentage in Japan of M.A.'s can be explained by the lack of licensing regulations for practicing psychotherapy in Japan. Similarly, in occupation classification, 44% of the Japanese therapists in Japan classified themselves as psychologists, while only 28.8% of the U.S. clinicians so classified themselves. Psychotherapy is not yet extensively practiced and the classification of therapists as professionals is in a state of flux (Hasegawa, 1982).

Demographic Characteristics of Clients

In both countries the majority of the clients were female.

The mean age of U.S. clients (37.2) was older than Japanese clients (31.2). Approximately half of the Japanese American clients were born in Japan. The rate of divorce or separation of Japanese Americans was higher than that of Japanese in Japan. About half of the Japanese Americans who had married had been married to non-Japanese, presenting a unique international and interracial experience as well as an arena for possible conflict for people of Japanese ancestry. Occupationally, more U.S. than Japanese clients came from a professional group, in spite of the fact that Japanese clients had a level of education as high as that of the Japanese American group. The lower incidence of professional status among the Japanese in Japan may be in part a reflection of the Japanese social system in which women with junior college or a four-year college education often do not seek professional careers but rather yield to strong social pressures to be married (Nakane, 1977).

Treatment Characteristics

Japanese American clients in this sample stayed in therapy longer and thus had more appointment sessions (40.4 sessions) than previously reported for Asian Americans in the Seattle area (2.85 sessions) by Sue & McKinney (1975). In the present study there was no indication that Japanese Americans had a high drop-out rate, as might be expected from Sue & McKinney's study of Asian American clients seen at traditional mental health facilities. The higher number of sessions by clients

in this sample may be accounted for by the fact that many sought therapy from mostly Asian community mental health agencies and from private practices sensitized and tailored to meet the special needs of Asian Americans. This finding is consistent with that discovered by True (1975).

Japanese clients in Japan had even more therapy sessions (94.5 sessions) than did Japanese American clients (40.4 sessions) ($t(158) = 5.32, p < .01$). This data also supports the notion that when both therapists and clients are ethnic Japanese, there is not the large percentage of premature terminations as reported by Sue & McKinney (1975). The greater frequency of therapeutic sessions attended by Japanese clients as a group may also be related to the fact that some clients were admitted patients within a hospital and received daily psychotherapy.

While seeking mental health help, Japanese Americans had more transportation problems than did Japanese ($\chi^2(1) = 11.25, p < .01$). Many Japanese American women, especially immigrants, cannot drive cars and often have considerable difficulty in getting to therapy sessions. In Japan, public transportation is well developed. Language ($\chi^2(1) = 19.68, p < .01$) and bureaucratic procedures ($\chi^2(1) = 7.46, p < .01$) were problems in seeking therapy more for Japanese American than for Japanese clients. More Japanese American than Japanese clients ($\chi^2(1) = 4.11, p .05$) also felt that the name "mental health agency" was a hindrance in

seeking help because of the stigma of mental illness and shame associated with the name. All in all, Japanese Americans (mean number of problems 1.03) faced many more practical problems than did their Japanese counterparts (mean number of problems .42) ($t(178) = 4.48, p < .01$).

In terms of presenting problems, Japanese Americans showed higher incidences at statistically significant levels than did Japanese on the following: 1) personal growth ($\chi^2(1) = 9.3, p .01$), 2) environmental problems (money, housing, etc.) ($\chi^2(1) = 12.2, p .01$), 3) personal relationships ($\chi^2(1) = 5.9, p .05$), 4) marital problems ($\chi^2(1) = 4.6, p .05$), 5) depression ($\chi^2(1) = 22.8, p .01$), 6) racism ($\chi^2(1) = 4.65, p .05$), and 7) cultural conflicts ($\chi^2(1) = 44.7, p .01$). There were no presenting problems which Japanese gave as reasons for coming to therapy more frequently than did Japanese Americans at statistically significant levels.

American clinicians chose the following therapeutic approaches more often than did Japanese in Japan at a statistically significant level: 1) giving advice ($\chi^2(1) = 4.3, p .05$), 2) environmental and practical help ($\chi^2(1) = 53.2, p .01$), 3) home visitation ($\chi^2(1) = 53.2, p .01$), 4) offering irregular hours ($\chi^2(1) = 21.8, p .01$), 5) dealing with the issue of being Japanese descendants ($\chi^2(1) = 76.6, p .01$), 6) utilizing Japanese modes of psychotherapy--Morita, Naikan therapies, etc--($\chi^2(1) = 4.11, p .05$), 7) education and consciousness raising ($\chi^2(1) = 37.6, p .01$), 8) telephone

sessions ($\chi^2(1) = 19.1, p .01$), 9) collateral contacts (working with other professionals, agencies, parents) ($\chi^2(1) = 5.8, p .05$), 10) utilization of cultural knowledge and experience ($\chi^2(1) = 91.8, p .01$), and 11) participation in social dialogue before working on problems ($\chi^2(1) = 17.1, p .01$). There was no item which Japanese in Japan chose more often than did American clinicians at statistically significant levels.

The above results suggest that Japanese Americans in the U.S. experience cultural conflicts which are virtually non-existent in Japan. Especially those born in Japan have to face many more practical and environmental problems in this country merely to seek mental health help. They also bring to therapy special problems related to money, housing, interpersonal relationships, racism, etc. Frequent international and interracial marriages among Japanese Americans may compound the marital and interpersonal problems which they bring to therapy.

In response to these special problems and special needs, therapists in the United States seem to use non-traditional approaches in the treatment of Japanese Americans, such as home visitation, advice giving, and practical help. Culturally relevant psychotherapy takes into consideration the cultural characteristics and special experiences of clients and modifies its therapy accordingly. Japanese therapists mainly used traditional Western modes of psychotherapy and medication. It may be said that in both countries there exists to some extent, at least, culturally relevant psychotherapy.

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